

**City of Durham, North Carolina  
Alarm User Permit Application**

A permit is required for each alarm system the user owns within the City of Durham after the first false alarm incident. Application can be returned by fax (919) 560 – 4842, e-mail [falsealarm@durhamnc.gov](mailto:falsealarm@durhamnc.gov), or by mail to: City of Durham, Attn: False Alarm Unit, 101 City Hall Plaza, Durham, NC 27701.

☐ Residential    ☐ Religious    ☐ Commercial    ☐ Governmental

**APPLICANT INFORMATION**

Business, Religious, or Governmental Entity Name \_\_\_\_\_

Residence Name or Contact Person for the information provided above \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Phone \_\_\_\_\_  
Home \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Business (and/or work) \_\_\_\_\_

Email Address \_\_\_\_\_

**ALARM LOCATION**

(For locations in shopping centers, use the street address, not the name of the Shopping Center)

Location Address \_\_\_\_\_  
Street Address \_\_\_\_\_ (Apt #, Bldg #, Unit #, Ste#) \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different than Street Address \_\_\_\_\_  
location address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alarm Installation Company \_\_\_\_\_ Date Installed \_\_\_\_\_

I hereby certify that I am the owner or designated agent for the owner of the alarm site shown above and that the information contained herein is true and correct. I understand that I am responsible for the payment of all fees or charges levied for this alarm. I understand that I am liable for all expenses incurred by the City of Durham should it become necessary for the City to disable this alarm.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Please notify the false alarm unit if you have any change in status or contact information**

***City of Durham Use Only***

***Date Processed:*** \_\_\_\_\_ ***Alarm Permit Number:*** \_\_\_\_\_

